

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/492028

FILING DATE

APPLICANT(S)

30/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1			
3			1			
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
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19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.			1		1	
TOTAL DEP.			4		3	
TOTAL CLAIMS			5		4	

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						